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ABSTRACT

Babygram Hospital Outreach, under the administration of the Program for Pregnant and Parenting Services and in conjunction with the Health and Hospital Corporation, is a program to assist pregnant and parenting teens to return to an educational setting. With funding from the Federal School Dropout Demonstration Assistance program, Babygram began operating in four hospital sites in 1991. By 1994-95 the program had expanded to 12 sites. Babygram used a case management approach, with an educational case manager at each site to identify teens in need of services, coordinate educational activities, make referrals, and follow the progress of teens who have been referred for services. Program data came from a variety of sources, including questionnaires completed by some participants, and interviews with 28 students. Case managers were successful in meeting their central goals of identifying pregnant and parenting teens who had dropped out or were at risk of dropping out of school and placing them in educational settings. Data from 774 participants indicated that, on average, clients were 16 years old and had completed no more than ninth grade. Case managers had an average of 34 new intakes each month and made 214 referrals each month on the average. Although the majority of educational referrals resulted in placements in schools or programs, the objective to increase the number of teens placed in educational settings was not met. However, three-fourths of the teens who were referred to educational settings had positive outcomes. Recommendations are made for program improvement and improved outreach. (Contains nine tables.) (SLD)

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Babygram Hospital Outreach Program
1994-95

Final Evaluation Report

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EXECUTIVE SUMMARY

Babygram Hospital Outreach, under the administration of the Program for Pregnant and Parenting Services and in conjunction with the Health and Hospital Corporation (HHC), is a program to assist pregnant and parenting teens to return to an educational setting. With funding provided by the federal School Dropout Demonstration Assistance program, Babygram began operating in four hospital sites in 1991. By 1994-95, the program expanded to twelve sites (eleven hospitals and one satellite health facility).

Babygram utilized a case management approach, allocating a Babygram educational case manager (a Board of Education paraprofessional) to each site who identified pregnant and parenting teens who had dropped out of school or were at risk of dropping out because of pregnancy or parenting responsibilities, coordinated educational alternatives, assisted in educational referrals and placements, and tracked teens once referrals were made.

Evaluation consultants from the Educational Research Group (ERG) collected program data from a variety of sources. Case managers supplied demographic, referral, placement and outcome information on a sample of teen clients. The program director's office provided quantitative summary data on program activities. In addition, a sample of case managers were interviewed by the evaluator and a group of students enrolled in Family Centers were given questionnaires to complete.

Case managers were successful in meeting their central goals of identifying pregnant and parenting teens who had dropped out of school or were at risk of dropping out of school and placing them in educational settings. On average, teen clients were 16 years old and had completed no more than ninth grade. Case managers had an average of 34 new intakes and made 214 referrals each month which successfully fulfilled the program's objectives of increasing the percentage of teens identified and referred to educational settings over the previous year. Although the majority of educational referrals (52 percent) resulted in placements in schools or programs, the objective to increase the percentage of teens placed in educational settings was not met.

Information on end-of-year outcomes for 82 percent of the sample revealed that three-fourths of the teens who were referred to educational settings had positive outcomes (received a high school diploma or G.E.D. certificate, were promoted to a higher grade or level, maintained satisfactory enrollment).

Based on the findings of this evaluation, ERG recommends the following:

- Babygram Hospital Outreach should explore ways with hospital supervisors in which case managers could become more fully integrated into the organization of the hospital clinics.

- Babygram should strengthen its relationships with those schools and programs where the most frequent referrals are made. Key school and educational program staff should be identified in each setting in order to meet with Babygram staff. This would familiarize school and educational program staff with the goals of the Babygram program and provide case managers with important contacts.

- Babygram case managers should explore the possibility of further support services for the teens who return to regular high schools and junior high schools. Pregnant and parenting teens experience many difficulties in making the transition to school life and may need tutoring, counseling, and a host of other services.

- In light of limited options and long waiting lists, particularly for G.E.D. programs, case managers should be provided training on how to locate additional educational resources. Training should cover using the public library, locating various educational and job fairs, networking with other case managers, and making information telephone calls or letter inquiries.

ACKNOWLEDGEMENTS

This report was prepared by the Educational Research Group. Jeanne Weiler coordinated the research, data collection, and analysis, developed instruments, and wrote the report. Dr. John Choonoo analyzed the data. Roy Reyes from the Program for Pregnant and Parenting Services assisted in data preparation.

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I. INTRODUCTION

BACKGROUND

Babygram Hospital Outreach, a program to assist pregnant and parenting teens to return to an educational setting, was implemented during the 1989-90 school year as a result of a series of recommendations set forth by the Chancellor's Working Group on Educational Opportunities for Pregnant and Parenting Adolescents.* In 1990, under the administration of the Program for Pregnant and Parenting Services, Alternative High Schools and Programs, and in cooperation with the Health and Hospitals Corporation (HHC), Babygram was first implemented in New York City. Beginning in September 1991, with funding provided by the federal School Dropout Demonstration Assistance program, Babygram operated in four hospital sites and by 1994-95 has expanded to twelve sites.

According the Guttmacher Institute,** more than one million teenagers (one in nine young women aged 15 to 19 years old) become pregnant each year and over 50 percent of those pregnancies result in births. In New York City, over 13,000 teenagers give birth every year. Forty-two percent of those

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*Chancellor's Working Group on Educational Opportunities for Pregnant and Parenting Adolescents, Helping Pregnant and Parenting Students Complete High School in New York City (New York: Board of Education, Office of Alternative High Schools and Special Programs, June 1989). The Working Group was comprised of public agency officials, service providers, advocates, educators, and students, and was convened by the Chancellor on October 11, 1988.

**Allan Guttmacher Institute: Factsheet on Teenage Sexual and Reproductive Behavior, March 15, 1993.

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births are to teens who are seventeen years old or younger.* Because of pregnancy and parenting responsibilities, it is estimated that 25 percent of these young women will eventually drop out of school before completing their high school education. And, many mothers who remain in school are below grade level and at risk of dropping out of school. Without intervention, these students might experience curtailed education and limited future employment options. Moreover, the socio-economic and educational disadvantages for teen mothers can have devastating and often life-long consequences for their children.

Since its inception in 1989, Babygram Hospital Outreach,** a dropout recovery program, has targeted pregnant and/or parenting adolescents who have not completed their education, and provided them with assistance and support to re-enter or enroll in educational settings.

TARGET POPULATION AND PROGRAM DESCRIPTION

Babygram Hospital Outreach in conjunction with the Health and Hospitals Corporation (HHC) operated in twelve hospitals or health facilities and targeted pregnant/parenting teenagers who had dropped out of school or were at risk of dropping out of school because of pregnancy or parenting responsibilities. Babygram utilized a case management approach, allocating an

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*New York City Department of Health Bureau of Vital Statistics, 1993, cited in Teenage Childbearing in New York City: The Crisis Continues: A Blueprint for Action. The Citywide Task Force on Pregnant and Parenting Adolescents in Conjunction with City Council Members, March 1995.

**Hereafter, Babygram Hospital Outreach is referred to as Babygram.

educational case manager (a Board of Education paraprofessional) to each site who identified pregnant and parenting teens in need of educational services, assisted in educational referrals and placements, and tracked teens once referrals were made.

The Program for Pregnant and Parenting Services requested that the Educational Research Group (ERG) examine program implementation and program outcomes.

PROGRAM OBJECTIVES

ERG designed this evaluation to determine the program's progress toward meeting its goal of assisting pregnant and parenting teens toward completing their education. The study documents the range and scope of Babygram services and outcomes. ERG evaluators also assessed Babygram's success in meeting the program's general goals and objectives, as specified below:

- The percentage of pregnant and parenting adolescents served by the project will be greater than the percentage served during the previous year.
- The percentage of pregnant and parenting adolescents referred to educational settings will be greater than the percentage served during the previous year.
- The percentage of pregnant and parenting adolescents placed in educational settings will be greater than the percentage served during the previous year.

EVALUATION METHODOLOGY

For this study, ERG utilized data from a variety of sources. In Spring 1995, the ERG evaluator provided training to Babygram case managers on how to select a 20-percent sample of Babygram clients for evaluation purposes and record quantitative data from the sample using individual case records. Data from the sample

yielded in-depth information on individual clients. The program director's office provided ERG with quantitative data in the form of aggregated monthly statistics on program activities such as the number of new intakes, and educational referrals and placements, etc.

In addition, the ERG evaluator interviewed a sample of case managers. Interview questions focused on the daily activities and responsibilities of educational case managers, typical procedures for and obstacles to referring clients to educational settings, hospital contexts, staff development issues, and recommendations. Finally, ERG utilized information obtained from questionnaires completed by a group of students enrolled in Family Centers** who had received the services of Babygram case managers.

Throughout this evaluation, ERG has adhered to strict standards to protect the privacy of pregnant and parenting students.

SCOPE OF THIS REPORT

This report describes the educational case management referral and placement processes, staff and client program perspectives, and selected outcomes. Chapter I presents a short description of the Babygram program and describes the evaluation methodology used in the study. Chapter II offers an overview of

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**Family Centers (Schools for Pregnant and Parenting Teens) provide a regular school day for students in the fifth to twelfth grades. There are five Family Centers located in Manhattan, the Bronx, Brooklyn and Queens.

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Babygram sites, staff, clients, including demographic data of clients and qualitative data on the case management recruitment and referral processes. Chapter III examines the educational referral process, and Chapter IV provides end-of-year outcomes, which include educational placements and results and staff perceptions and recommendations. Conclusions and recommendations are set forth in Chapter V.

II. PROGRAM DESCRIPTIONS

BABYGRAM HOSPITAL OUTREACH SITES

The Babygram program operated in 11 New York City hospitals and one satellite health care facility.* Four of the sites were located in Manhattan (Bellevue, Mount Sinai, Columbia Presbyterian, Harlem), two in the Bronx (Bronx Municipal, Lincoln), two in Queens (Elmhurst, Queens Hospital Teenage Program at South Jamaica Multi-Service Center), and three in Brooklyn (Coney Island, Kings County, Woodhull). The most established and longest-running Babygram programs were at Lincoln, Mt. Sinai, Queens and Woodhull. All began operating in 1990-91. Three sites (Bellevue, Columbia Presbyterian, and Elmhurst) were added in 1991-92. During 1992-93, Babygram sites at Harlem, Bronx Municipal, Coney Island, and Kings County were added. Most of the sites provided pre-natal, post-natal, and/or well-baby clinics. Usually, the case managers' offices were located in or near the clinics.

EDUCATIONAL CASE MANAGERS

An educational case manager (a Board of Education paraprofessional) staffed each participating hospital and occupied an office located in or near clinics that serve pregnant or parenting teens.

Typically Babygram case managers were supervised by a social worker or clinic supervisor. The extent of the supervision

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*The satellite facility was located at Gouverneur Hospital.

varied, however, from setting to setting. Case managers were asked in interviews how often they met with their hospital supervisors. Three case managers indicated they met once a week with their hospital supervisor, three case managers met once a month and one case manager did not meet regularly with a supervisor. During meetings, supervisors typically discussed individual cases and provided case managers with referrals.

In addition to regular meetings with supervisors, some case managers attended hospital staff meetings (three regularly attended, two attended only "important" meetings, and two did not attend any staff meetings at all). Generally these meetings included clinic staff such as midwives, social workers, and nurses as well as clinic supervisors and doctors. Case managers suggested that their participation in these meetings increased visibility of the Babygram program and helped the case managers become known to hospital staff. Although all case managers indicated that hospital staff were aware of the Babygram program, several indicated that attending all staff meetings would increase progam visibility even more. Moreover, the case managers who regularly attended hospital staff meetings indicated that meetings were an important forum for distributing information on Babygram services to other hospital staff.

BABYGRAM PROGRAM PARTICIPANTS

The evaluation consultant utilized case managers' records to collect demographic and outcome data on a sample of teen clients. The consultant instructed case managers to take a 20 percent

sample of all teens for whom they had completed intake forms at an initial interview. This provided an in-depth profile on 799 clients in the 11 Babygram hospitals.

Data obtained on 774* of the clients indicated that almost one-half (N=349, 45 percent) were either 16 or 17 years old. Almost one-quarter of the teens (N=180, 23 percent) were 15 years old or younger. Twenty-two percent (N=169) were either 18 or 19 years old and ten percent were 20 years old or older. The average age of the clients was 16 years old.

In accordance with the program's goal of identifying pregnant and/or parenting teens who had dropped out of school or were at risk of dropping out, the sample data indicated that at the time of the initial intake interview, the majority (N=473, 59 percent) of clients were no longer attending school,** slightly over one-third (N=277, 35 percent) were still in school, and six percent (N=47) had recently transferred schools or graduated. According to information supplied by the program office, the majority of clients (56 percent, N=1346) who had dropped out of school had done so prior to pregnancy.

As Table 1 shows, the evaluation consultant determined that of the 714 clients who had not yet completed high school and for

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*As is the case throughout this report, ERG evaluators could only report findings based on the number of participants in the sample for whom information existed.

**For the purpose of analysis, students who were designated either as dropouts or as long-term absentees were considered to have dropped out of school.

Table 1

School Attendance Status of Babygram Teens,
by Highest Grade Completed

Grade	Attendance Status: Not Attending School[a] N	%	Attending School[b] N	%
6 or less	19	4	2	1
7	14	3	11	4
8	59	13	27	10
9	143	32	61	22
10	127	29	88	32
11	79	18	55	20
12	0	0	29	11
Total	441	99	273	100

[a] Highest grade completed at time of intake.
[b] Current grade at the time of intake.

- The majority of teens who had dropped out of school prior to meeting with a Babygram case manager had completed ninth grade or less.

whom information existed,* the majority of teens who had dropped out of school (N=235, 52 percent) completed ninth grade or less. This indicates that most teens are still relatively far from high school graduation. Furthermore as Table 2 indicates, most teens who dropped out of school (63 percent, N=282) were 17 years old or older. On the other hand, the majority of teens attending school at the time of intake (61 percent, N= 164) were 16 years old or younger. This shows the tendency for older pregnant or parenting teens to drop out compared to younger teens.

This profile on the age and attendance status of Babygram teen clients has been consistent with previous findings since formal evaluations began in 1991-92. The consistency from year to year implies that the sample data appear to be a reliable reflection of the population, and that caseworkers can probably expect to see a similar group in subsequent years and plan accordingly.

Sample of Teens Attending Family Centers

The project coordinator met with a group of pregnant (N=12) and parenting (N=16) female students in three Family Centers who had prior or current contact with a Babygram case manager in a hospital. (Participation was voluntary and based on the students' time availability.) The students were asked to fill out a 36 item closed-ended questionnaire designed by the

*It was sometimes the case when interviewing a client who has been educated outside the United States that case managers could not determine the last grade completed by the client. Twelve percent (N=89) of the clients interviewed last attended a school outside of the U.S.

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Table 2

School Attendance Status of
Babygram Teens, by Age

Age	Attendance Status: Not Attending School[a] N	%	Attending School[b] N	%
13-15	84	19	88	33
16	93	21	76	28
17	105	23	54	20
18	71	15	25	9
19+	99	22	27	10
Total	452	100	270	100

[a] Highest grade completed at time of intake.
[b] Current grade at the time of intake.

- The majority of teens who dropped out of school were seventeen years old or older.
- The majority of teens who were attending school at the time of intake were sixteen years old or younger.

evaluation consultant. Questions focused on demographic information, students' perceptions of Babygram services, childcare plans, and the fathers or expectant fathers.

On average the group of young women were 16 years old at the time they filled out the questionnaire (June 1995). This corresponds to the finding from the sample data that the average age of a Babygram client was 16 years old. The average grade the student was currently enrolled in was tenth grade, with almost equal numbers of students in ninth (N=8), tenth (N=8), and eleventh grades (N=8). One teen was in seventh grade, two in eighth grade and one in twelfth grade.

The students were asked why they stopped attending their previous school. Fourteen teens responded that they stopped because they became pregnant, seven indicated they stopped attending because they didn't like it, and nine students cited other reasons such as: "The school was insensitive to my needs as a pregnant [student];" "I was very tired, classes began too early in the morning and the commute was too long;" and, "There were too many problems with my family and I was too tired to deal with anything." This illustrates the myriad reasons why pregnant or parenting teens may leave school prematurely.

The students were also asked about the father or prospective father of their infants. On average, he was 19 years old--three years older than the teen mother or prospective mother. Over one-half (56 percent, N=14) of the fathers or fathers-to-be had completed high school or some college. (This probably reflects

their older ages.) Six had completed eleventh grade, and five completed tenth grade or less. Of the 13 fathers or expectant fathers who had not yet graduated, eight were in school and five had dropped out.

When asked if the teens had contact with the father of their baby, three fourths (74 percent, N=20) said they had contact, but did not live together. Four teens said they lived with the father, and three teens said they had no contact (all three were pregnant). Most of the fathers or fathers-to-be appear involved in the pregnant or parenting teens' lives. The majority of teens (62 percent, N=16) indicated that they saw the father or prospective father very frequently--every day or several times a week. In addition, most teens (N=18, 75 percent) responded that they received some kind of support from the father or his family and cited examples of support such as, financial support, babysitting, and emotional support.

Teen fathers appeared to be older and more educated than the pregnant or parenting female students, and also appeared to be very involved in the young women's lives. This underscores the importance of taking into consideration the father's role when assisting young women in returning to school.

BABYGRAM RECRUITMENT

Identification of teens in need of educational services was the most crucial part of the case managers' tasks. As such, case managers were located in hospitals near maternity floors, or prenatal and well-baby clinics. In general, case managers made

weekly visits to teen clinics, visited maternity floors, sat in on teen support groups, and relied on referrals from social workers, nurses, doctors, and other clinic staff to identify teens in need of Babygram services.

The case manager's efforts to identify teens in need depended in large part on the established routine of the hospital clinic and the extent to which a case manager was integrated into that routine as the education specialist. For example, at one hospital, the Babygram case manager reported that she was part of the clinic's new patient medical rotation through which every clinic teen was screened. Every new patient was required to meet with each member of the service provider team which included a registrar, midwife, dietician, social worker and the Babygram case manager. More typically, however, case managers were not part of a new patient rotation and in some cases, relied mainly on referrals from clinic staff. The evaluator determined that, in general, the case managers who reported that they attended all hospital meetings and felt fully integrated into the organization of their clinic had greater numbers of new intakes. This may indicate that these case managers have better access to clinic patients and greater visibility among hospital staff.

In order to better assess Babygram's recruitment process, Family Center students were asked to indicate how they first heard about the Babygram program. Most (N=17) responded that a hospital staff person (e.g. social worker, nurse, etc.) informed them, eight teens responded that they were visited by a Babygram

case manager, four teens indicated that a friend told them about the program, and four teens became aware through other means, such as advertising, school counselor, etc. When asked where they first met the Babygram case manager, almost all (N=25) indicated they met the case manager during pre-natal clinic. These findings also underscore the importance of hospital staff awareness of Babygram services since the majority of teens interviewed first learned of the program through hospital staff. In addition, most of the teens in the sample indicated they first met with the case manager during clinic hours which suggests the need for case managers to be available during clinic hours as the most important way of reaching teens in need of educational services.

Intake Procedures

During the initial intake interview with the client, case managers assessed clients' educational needs and goals and recorded the information on an intake form in order to create an individualized education plan for each participant. All case managers provided the program office with monthly summaries of the number of new intakes. Overall, there were 3,699 new intakes, an average of 336 for each site for the school year.* Table 3 represents the average number of intakes each month. Intakes ranged from 26 to 73 per month for the fall and 19 to 55

*These numbers reflect the number of new teen intakes. However, case managers often had on-going contact with teens over many months. Program data indicated that case managers had an additional 1,152 contacts with teens who subsequently returned to see case managers following the initial intake.

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Table 3

Comparison of Mean Number of Monthly Intakes by Babygram Site, 1994-95

Hospital	Mean Monthly Intakes[a] Fall 1994	Spring 1995	Average for Year
Bellevue	28	24	26
Bronx Municipal	28	21	25
Columbia Presbyterian	27	24	25
Coney Island	39	22	30
Elmhurst	26	23	24
Harlem	30	19	24
Kings County	49	28	39
Lincoln	38	30	34
Mount Sinai	73	55	64
Queens	41	25	33
Woodhull	53	36	45
Average number of intakes per site	39	28	34

[a]The mean number of monthly intakes is derived by averaging the number of new intakes for September through January (fall 1994) and February through June (spring, 1995).

- The average number of intakes ranged from 24 to 64.
- On average, case managers had 34 new intakes per month.

per month for the spring--an average of 34 new client intakes each month for all sites. The average number of intakes for the year at each site for the previous program year was 27. Thus, the program met its objective which stated that the percentage of pregnant and parenting adolescents served by the project will be greater than the percentage during Year III.

III. EDUCATIONAL REFERRALS

EDUCATIONAL REFERRALS

Once the contact with a teen client was established, the case manager informed the teen of her educational options, such as maintaining enrollment in her current school (if enrolled at the time of intake), transferring schools, re-entering school, or enrolling in a G.E.D., E.S.L., literacy or job training program.

Case managers then attempted to find an educational placement for every client who requested one and to suit that placement to the clients' needs. Case managers usually had multiple contacts with a client as they attempted to make an educational referral. According to sample data, 77 percent (N=607) of all Babygram clients (whether or not they were attending school at the time of intake) had two or more contacts with a case manager, either in person or by telephone. On average, Babygram clients had approximately four (3.8) contacts with a case manager.

Case managers used a variety of resources to locate appropriate placements for their clients such as the High School Directory, Alternative School Directory, N.Y.C. Continuing Education Programs, and, New York State Educational and Vocational Training Directory. In interviews, case managers were asked if they felt they had enough information on existing programs. Most case managers responded that they needed to look continually for new educational programs since the offering is limited and many programs have long waiting lists. Several case

managers mentioned that directories and resource books become out of date very quickly.* To locate new programs, case managers reported that they relied on word of mouth recommendations from other case managers, became aware of various programs through the clients themselves, engaged in their own research by visiting public libraries, or made information calls to existing programs to learn where other programs exist.

Clients were referred to a variety of educational sites including Family Centers, regular and alternative Board of Education high schools and middle schools, job training, and G.E.D., A.B.E., E.S.L. and literacy programs. According to the referral statistics compiled by the program office and shown in Table 4, case managers made 2,350 referrals during the program year 1994-95--an average of 214 referrals for each site, up from 180 the previous year. This successfully fulfills the program objective stating that the average number of referrals made by case managers will be greater than the previous program year.

Table 4 also shows that during 1994-95 case managers most frequently made referrals on behalf of a Babygram client to G.E.D. programs (35 percent, N=818), followed by referrals to Family Centers (27 percent, N=642). Referrals to regular and alternative public high schools accounted for one-fourth of the referrals (25 percent, N=593). The proportion of teens being referred to the various educational settings has been fairly

*It is often the case that program directories are not updated and reprinted.

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Table 4

Number and Percent of Educational Referrals in Babygram Population Data, by Program Type

	Referrals for Teens			
	1993-94		1994-95	
Educational Program	N	Percent	N	Percent
Family Centers	556	28	642	27
Alternative High Schools	226	12	232	10
High Schools	274	18	361	15
Junior High Schools	81	4	72	3
G.E.D./A.B.E. Programs	666	30	818	35
Job Training	172	9	225	10
Total	1,975	101[a]	2,350	100

[a]Does not add to 100 due to rounding.

- Case managers made more referrals to G.E.D programs than to any other type of educational programs for both years.

consistent each program year. Sample data were also analyzed to assess whether the type of referral made was related to the age of the client. As shown in Table 5, such a relationship did appear to exist. For example, while 68 percent (N=70) of the referrals on behalf of the 13-15 year-olds were to Family Centers, only 33 percent (N=34) of the referrals for 17 year-olds were to such schools. Similarly, while G.E.D. referrals accounted for only 7 percent (N=7) of the 13-15 year olds, they accounted for one-half (50 percent, N=34) of the referrals for 18 year-olds. This suggests that case managers are making referrals appropriate for clients' ages.

A relationship also appeared to exist between the educational status of the Babygram teen (whether attending or not attending school) and the type of referral made on her behalf. As seen in Table 6, 60 percent (N=92) of the referrals for teens who were attending school at the time of intake were to Family Centers, 20 percent (N=20) were to regular or alternative high schools and 11 percent (N=11) were to G.E.D. programs. On the other hand, the most common type of referral for teens who had dropped out of school was to a G.E.D. program (48 percent, N=189). Teens who had dropped out of school and were older were four times more likely to be referred to a G.E.D. program, and half as likely to be referred to a Family Center or high school than students who were attending school and requested help in transferring. This illustrates the importance of encouraging a pregnant or parenting teen to maintain her school attendance.

Table 5

Type of Educational Referral
by Babygram Client's Age

	Referrals for Teens									
	13-15		16		17		18		19+	
Educational Program	N	%	N	%	N	%	N	%	N	%
Family Centers	70	68	63	47	43	33	18	26	8	7
Alternative/Regular High Schools	18	17	26	20	19	18	7	10	7	6
Junior High Schools	8	8	-	-	-	-	-	-	-	-
G.E.D.	7	7	37	28	47	45	34	50	65	50
Job Training/ E.S.L./College	-	-	7	5	4	4	9	14	29	27
Total	103	100	133	100	104	100	68	100	109	100

- Referrals to Family Centers accounted for the largest proportion of referrals for 13-16 year olds.
- Referrals to G.E.D. programs accounted for the largest proportion of referrals for 17-19 year olds.

Table 6

School Attendance Status by
Most Recent Referral

	Attending School		Not Attending School	
Educational Program	N	%	N	%
Family Centers	62	60	125	32
Alternative High Schools	1	1	5	1
High Schools	20	19	43	11
Junior High Schools	--	--	8	2
G.E.D./A.B.E. Programs	11	11	189	48
Job Training	6	6	14	3
E.S.L.	1	1	12	3
College	2	2	--	--
Total	103	100	396	100

- Of the teens attending school at the time of intake, most received referrals to other Board of Education high schools.
- Of the teens who were no longer attending school at the time of intake, almost one-half were referred to G.E.D. programs.

As noted, case managers also played a role in making educational referrals for teens who were attending school at the time of the initial interview. Based on sample data for the 263 teens attending school, 39 percent (N=103) requested the case manager's assistance in transferring schools.

Not all teens, however, requested an educational referral. Sixty-one percent (N=163) of the teens already attending school did not request assistance in transferring or re-enrolling in school (although 38 percent of those had more than one contact with their case manager perhaps indicating their need for assistance in non-education related issues); 13 percent (N=61) of teens who had dropped out prior to intake also did not request a referral. Not surprisingly, according to sample data, the most common reason why a teen client did not wish the educational assistance of a case manager was because she was already attending school and planned to continue doing so. Case managers' records indicated that 67 percent (N=164) of the teens who did not request a referral were enrolled in school. Other reasons for teens not requesting an educational referral were no interest (14 percent, N=35), wanting to wait until after birth to begin attending school again (7 percent, N=15), no childcare (four percent, N=9), and no family support or spouse opposed to a teen's school attendance (four percent, N=10).

Case managers were asked what difficulties they encountered in referring clients to schools or educational programs. The majority (six out of seven case managers) indicated that long

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waiting lists often discouraged their clients. Other difficulties cited were lack of daycare, confusing paperwork, and inability or unwillingness to travel long distances. The lack of available openings underscores the importance for case managers to continually seek out new programs.

Students' Perceptions of Babygram Services

Case managers made educational referrals for 69 percent (N=18) of the Family Center students surveyed. When asked how helpful the case manager was in their returning to or transferring schools, most (63 percent, N=17) indicated the case manager was very helpful, and made comments such as, "She [case manager] was very kind and helpful and always made time to speak with me;" "I wasn't attending [school] and didn't plan on going back--the case manager convinced me to go;" "she was very fast and efficient in helping me to transfer into a school more suitable," and, "I was a bad student and now I have a chance to finish school with an 81.7 average." Seven teens responded that the case manager was somewhat helpful and three did not feel the case manager was helpful at all.

Once the contact between the teen client and case manager was made, case managers provided teens with various educational services. Family Center students were asked in what ways the case manager helped them to return to or transfer schools. The most frequent response (n=18) was that the case manager explained how to go back to school or transfer schools. The next most frequent response (N=9) was telephoning the new school to make an

appointment on behalf of the teen. Assisting the teen with completing paperwork to enroll in or transfer schools accounted for eight responses, and telephoning the old school to explain the teen's situation was the next most frequent response (N=6). Four teens indicated the case manager sent a letter to the old or new school and two indicated the case manager accompanied the teen to the new school.

Students in the sample were also asked if they still had contact (at the time of the questionnaire administration) with the Babygram case manager. Thirty-seven percent (N=10) indicated that they did suggesting that case managers played a support role once the teens have re-entered school.

In addition to providing educational referral help and on-going support, case managers assisted teens in other ways. When asked if the case manager was helpful in other ways, 37 percent (N=10) responded yes, citing help in listening to personal problems (N=4), talking to family members (N=3), getting referred to a social worker (N=3), and other help (N=1).

IV. PROGRAM OUTCOMES

EDUCATIONAL PLACEMENTS

After an educational referral was made on behalf of a client, it was hoped that the client would follow through and eventually enroll in a program or re-enroll in school. Case managers attempted to follow up on every teen to verify placement or, if needed, provide another referral. Case managers used a variety of methods to conduct their follow-up. The most common approaches were to call the client's home and send a follow-up letter. Many times, case managers were not able to reach a client by telephone and attempted to see the teen during a clinic appointment, known in advance. Several case managers mentioned that they contacted the school or educational program to verify attendance. However, several case managers also indicated this approach was often problematic. Many times program staff were not allowed to give out information over the phone or school staff were not always willing or able to oblige case managers with the information they needed.

Nevertheless, placement data supplied by the program office revealed that of the 2,350 referrals to educational programs, there were 1,224 successful placements. These figures include both referrals and placements for new client intakes and for clients who may have requested a referral from the case manager at a later time (after the initial intake). This meant that slightly over one-half (52 percent) of all referrals resulted in a placement in an educational setting. Sample data also

confirmed that 52 percent of referrals (N=286) were placed.

As can be seen in Table 7, the placement rate varied from setting to setting. Placements were highest at junior high/intermediate schools, and regular public high schools and lowest for G.E.D. programs. Table 7 also compares placement ratios for four program years. In general, the placement rates have remained fairly consistent.

As is the case every year, more clients are referred to Family Centers and G.E.D. programs than to regular high schools. However, the successful placement rate at high schools may indicate that case managers should refer students to regular high schools whenever possible and appropriate.

DAYCARE NEEDS

Many Babygram teens who desire to return to an educational setting cannot without access to daycare for their children. Although some schools (Family Centers and some high schools) provide childcare through the LYFE* program, these are limited and often have waiting lists. Case managers noted the lack of daycare programs for their clients and the difficulties this caused in attempting to meet clients' needs. Based on program data, less than one-half (43 percent, N=137) of the teens requesting daycare for their children received placement.

Family Center students who were surveyed were asked about

*LYFE (Living for the Young Family through Education) centers provide daycare for children between the ages of two months and 2.9 years and offer support services for their teen parents enrolled in the schools. There are 29 school-based LYFE centers throughout New York City.

Table 7

Comparison of Placement Rates, by Type of Program
1991-92, 1992-93, 1993-94, and 1994-95

	Percent of Referrals Who Were Placed			
Type of Placement	1991-92	1992-93	1993-94	1994-95
Family Centers	50%	48%	58%	52%
Alternative H.S.	57	57	62	57
Regular H.S.	64	75	61	62
Junior H.S.	--	69	63	78
G.E.D.	42	37	40	41
Job Training	59	44	61	62
Total Percentage	52%	51%	59%	52%

- In 1994-95, the placement rate (percentage of teens who subsequently enrolled in a school or program after a referral) was highest in junior high/intermediate schools and lowest in G.E.D. programs.

their childcare arrangements during school time if parenting or their expected childcare arrangements once their baby is born. The parenting teens indicated that most frequently (N=6) the baby's maternal grandmother and/or another relative (N=4) provided care for the baby during school hours. Other sources of childcare were the LYFE program, and friends, neighbors or others. Pregnant teens most frequently expected to place their babies in their school's LYFE program (N=5). Fewer (N=3) believed that their mothers or the baby's father (N=3) would provide childcare. Some students (N=2) also expected the baby's paternal grandmother, a paid babysitter, or other relatives or friends to babysit.

BABYGRAM YEAR-END OUTCOMES

Case managers provided follow-up and continuing support for clients so that they could be successful in their educational programs.

The sample of case manager records provided outcome information as of June 30, 1995 for 82 percent (N=458) of the clients who were referred to educational settings. Although case managers attempted to maintain contact with every client who for whom they made a referral, it was not always possible. Clients often moved, provided case managers with false information, or failed to respond to the case managers' mail inquiries. In addition, as mentioned earlier, case managers were not always successful obtaining enrollment information from program staff over the telephone. Table 8 provides information on the type of

Table 8

Cases With No Outcome Information by,
Type of Referral

Type of Referral	Total Number of Referrals	Number With No information	% of Referrals with No Info.
Family Centers	195	41	21%
Regular/Alternative High School	80	10	13
J.H.S./I.S.	8	1	13
G.E.D.	197	34	17
E.S.L.	16	3	18
College	9	2	22
Job Training	25	7	28
Totals	530	98	18%

- Almost one-half of the clients for whom follow up information was missing were referred to Board of Education schools.

educational program to which a client was referred and for whom follow-up information was missing. Almost one-half (N=52, 47 percent) of the referrals for whom information was lacking were referred to Board of Education programs.

Table 9 presents end-of-year outcome information* provided by the case managers' sample records. As the table shows, the proportion of teens (N=37, 15 percent) who received a high school diploma or G.E.D. certificate was the highest at the end of the 1994-95 program year than any other year. Moreover, the proportion of teens (N=109, 44 percent) who were promoted to a greater grade or level rose from the previous two years.

STAFF DEVELOPMENT ISSUES

Throughout the program year, case managers participated in staff workshops and training meetings in order to develop and refine the array of skills required to meet the complex needs of their teen clients. These skills included, among others, interviewing clients, counseling clients and/or their families on educational options, communicating effectively with hospital staff and school personnel, researching available educational programs, gaining familiarity with all N.Y.C. Board of Education schools and programs, acquiring knowledge of N.Y.C. Board of Education guidelines, developing effective and creative methods of maintaining contact with clients, and acquiring knowledge of their own hospital setting--the various departments, procedures

*The outcomes reported in Table 9 include information only for those clients who received an educational referral.

Table 9

Year-End Summary of Reported Outcomes
for a Sample of Babygram Teens Enrolled
in an Educational Program

	1994-95		1993-94		1992-93		1991-92	
Outcome of clients as of June 15, 1995	N	%	N	%	N	%	N	%
Received high school diploma or G.E.D. certificate	22	15	15	8	23	8	12	11
Promoted to Higher Level or Grade	109	44	55	29	103	37	59	52
Remained on Same Level or Grade	40	16	71	37	90	32	17	15
Awaiting G.E.D. Test Date/Results	30	12	19	10	35	13	20	18
Secured employment	4	2	5	3	4	1	3	2
Withdrew from program	30	12	27	14	24	9	3	2
Total Clients	235	101[a]	192	101[a]	279	100	114	100

[a]Percentage does not equal 100 due to rounding.

- Almost three-fourths (71 percent) of the parents who enrolled in an educational program and for whom data were available received their high school or equivalency diploma, were promoted to a higher level, or maintained satisfactory progress on the same level.

and routines.

As part of the interview with case managers, several questions focussed on staff development and training issues. Case managers were asked to indicate whether they felt they received adequate training (by either Babygram or hospital staff) in a number of areas. Most case managers indicated they had received adequate training in interviewing and counseling clients, making referrals, and record keeping. However, several suggested they could benefit from more training. For example, one-half of the case managers interviewed would like to see training in how to deal more effectively with school staff on behalf of a client; several case managers indicated they would like more training in assisting clients in obtaining daycare for their young children and several case managers would benefit from more training to how to follow up on clients who are difficult to reach. In general, the newer case managers suggested they could use more training in advising clients on Board of Education (B.O.E.) requirements for transferring or enrolling in a B.O.E. school and indicated they would like more training in reporting monthly program statistics.

Other areas in staff development that case managers supplied were: workshops on stress reduction, interviewing techniques, conflict resolution, how to locate educational resources, and training in leading small group discussions with groups of teen clients.

CASE MANAGERS' PROGRAM RECOMMENDATIONS

Case managers were asked what specific changes they would like to see to make the Babygram program more effective. Case managers offered a range of suggestions that centered around the themes of client recruitment and the relationship between Babygram program administrators and hospital supervisors. In terms of improving recruitment, a case manager suggested planning and advertising the several days in late August when case managers are in the hospitals to help teens register and enroll in school for September. Several case managers suggested making Babygram services known throughout the city by targeting community groups, school counselors, and other city programs such as those dealing with homeless children, etc. Within the hospital site, one case manager suggested that case managers should be located near the clinics attended by teens to ensure better access to teens who may need Babygram services. Another emphasized the need to be included in hospital meetings to make the Babygram program more visible to the hospital staff. Finally, several case managers suggested that the Babygram program should only seek out hospital sites where case managers are centrally located, have access to resources such as telephones, and where a clear understanding exists between both the Babygram and hospital supervisors on the range and extent of the hospital supervisor's responsibilities vis-a-vis the case manager.

V. CONCLUSIONS AND RECOMMENDATIONS

The Babygram Hospital Outreach case managers were successful in meeting their central goals--to identify pregnant and parenting teens who had dropped out or were at risk of dropping out of school and to place them in educational settings. During the 1994-95 program year, case managers successfully met the program objectives which stated there will be an increase over the previous year in the percentage of teens recruited and referred to educational programs. Case managers had on average 34 new intakes each month and made an average of 213 educational referrals on behalf of their teen clients each month. Although the majority of these referrals resulted in placement, the program objective to increase the percentage of placements in educational settings over the previous year was not met.

Referrals to G.E.D. programs continue to be the most frequent type of referral to an educational setting followed by referrals to Family Centers, and referrals to traditional and alternative high schools. However, an analysis of the placement data indicated that placements in G.E.D. programs continue to be lower than in any other type of program or school. This may indicate that case managers' efforts in encouraging a teen to enroll in a G.E.D. setting were thwarted by long waiting lists and limited program options. Long waiting lists for educational programs were cited by every case manager who was interviewed as the most pressing problem they confronted when making an educational referral.

Not all the clients who met with case managers were in need of an educational referral. Indeed, based on the sample of case managers' records, almost one-third of the teens with whom the case managers met did not need a referral. Most of these teens were already enrolled in school and planned to remain there throughout their pregnancies. However, data indicated that case managers had multiple contacts with these teens which suggests the on-going support role of the case managers in encouraging a teen to remain in school. Moreover, based on questionnaire data from a group of Family Center students, one-third of them indicated they maintained contact with their case manager after enrolling in the school.

At the end of the 1994-95 school year, case managers were able to obtain outcome information for 82 percent of the teens for whom they made educational referrals. Although this percentage is notable given the difficulty of maintaining contact with clients, it does represent a decrease over the previous two years. Nevertheless, based on follow-up data, year-end outcomes for Babygram clients who were referred to schools or educational programs have remained constant over the last three program years. Three-fourths of those who enrolled in a program or school received either a high school diploma or G.E.D. certificate, were promoted to a higher grade or level, or maintained satisfactory progress. The percentage of teens receiving a high school diploma or G.E.D. certificate at the end of this program year was greater than any other year.

Most case managers felt they had received adequate training in a number of areas such as identifying clients, conducting referrals and follow-up procedures. However, several case managers suggested the need for additional training in dealing with school personnel more effectively, locating available educational resources and daycare services for clients and following up on hard-to-locate clients.

As this report has described, case managers played the pivotal role in assisting a teen to re-enter an educational setting or transfer schools. In addition, case managers often provided services and support to teens that were not directly measurable. Students who completed questionnaires indicated that case managers often supported them emotionally, talked with family members, or advised them on where to obtain non-education-related services. Case managers, therefore, functioned not only as facilitators in assisting a client to return to an educational setting, but also as advocates who provided on-going educational and emotional support.

Based on these findings, ERG offers the following recommendations:

- Babygram Hospital Outreach should explore ways with hospital supervisors in which case managers could become more fully integrated into the organization of the hospital clinics.

- Babygram should strengthen its relationships with those schools and programs where the most frequent referrals are made. Key school and educational program staff should be identified in each setting in order to meet with Babygram staff. This would familiarize school and educational program staff with the goals of the Babygram program and provide case managers with important contacts.

- Babygram case managers should explore the possibility of further support services for the teens who return to regular high schools and junior high schools. Pregnant and parenting teens experience many difficulties in making the transition to school life and may need tutoring, counseling, and a host of other services.

- In light of limited options and long waiting lists, particularly for G.E.D. programs, case managers should be provided training on how to locate additional educational resources. Training should cover using the public library, locating various educational and job fairs, networking with other case managers, and making information telephone calls or letter inquiries.

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